Revision:		-PM-91- 4 r 1991	(BP	PD)	OMB No.:	0938-
	State	Territor	у:	DELAWARE		
Citation	1	4.18 <u>Re</u>	cipien	t Cost Sharing	and Similar Char	ges
42 CFR 447.51 through 447.58		(a)	deduc	tibles, coinsured the maximum a	r 42 CFR 431.55(ance rates, and llowable charges	copayments do not
1916(a) an of the Act	٠,	(b)	and (categ benef	6) below, with a orically needy of	or as qualified fined in section	iduals covered as Medicare
		(1		enrollment fee posed under the	, premium, or si plan.	milar charge is
		(2	ch	deductible, co arge is imposed llowing:	insurance, copay under the plan	ment, or similar for the
		,	(i)	Services to incumoder	dividuals under	age 18, or
				<u>/</u> / Age 19		
				<u>/</u> / Age 20		
				<u>/</u> / Age 21		
				age 18 or older	egories of indiv r, but under age are listed below	
			(ii)	pregnancy or a	egnant women rel ny other medical the pregnancy.	
TN No. SP-300 Supersedes Approval Date TN No. SP-250			Date	MAY + 7 1992	Effective Date	JAN 0 1 1992
				MAY 17 1992	HCFA ID: 79	82E

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Revision:

HCFA-PM-91- 4

AUGUST 1991

(BPD)

OMB No.: 0938-

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DELAWARE

<u>Citation</u>

4.18(b)(2) (Continued)

42 CFR 447.51 through 447.58

- All services furnished to pregnant (iii) women.
 - 17 Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.
- (iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs.
- Emergency services if the services meet the (v) requirements in 42 CFR 447.53(b)(4).
- Family planning services and supplies furnished (vi) to individuals of childbearing age.
- Services furnished by a health maintenance (vii) organization in which the individual is enrolled.

1916 of the Act, P.L. 99-272, (Section 9505)

(viii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

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Effective Date _

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TN No. __SP-240

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-			
	State/Territory:		DELAWARE			
Citation	4.18(b) (Co	ontinue	d)			
42 CFR 447 through 447.48	.51 (3)	Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed for services that are not excluded from such charges under item (b)(2) above.				
		<u>∠x/</u>	Not applicable. No such charges are imposed.			
S .	i)		r any service, no more than one type of arge is imposed.			
	(ii		arges apply to services furnished to the llowing age groups:			
			/ 18 or older			
	,		// 19 or older			
		<u></u>	Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years or age or older but under age 21.			

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Revision:	HCFA- AUGUST		(BPD)		OMB No.: 0938-
	State/	Territory	/:	DEL	AWARE
Citation 42 CFR 447 through 44		4.18(b)(3) (Cor			d)
			(iii)	For the categorically needy and qualified Medicare beneficiaries, <u>ATTACHMENT 4.18-A</u> specifies the:	
				(A)	Service(s) for which a charge(s) is applied;
•,				(B)	Nature of the charge imposed on each service;
				(C)	Amount(s) of and basis for determining the charge(s);
				(D)	Method used to collect the charge(s);
		,		(E)	Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;
				(F)	Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
				(G)	Cumulative maximum that applies to all

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period.

maximum.

deductible, coinsurance or copayment charges imposed on a specified time

Not applicable. There is no

DELAWARE

Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991

State/Territory:

OMB No.: 0938-

Citation 4.18(b)(4) // A monthly premium is imposed on pregnant women and infants who are covered under 1916(c) of the Act section 1902(a)(10)(A)(ii)(IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4.18-D specifies the method the

State uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premiums by recipients.

1902(a)(52) and 1925(b) of the Act

4.18(b)(5) // For families receiving extended benefits during a second 6-month period under section 1925 of the Act, a monthly premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act.

1916(d) of the Act

A.18(b)(6) / A monthly premium, set on a sliding scale, imposed on qualified disabled and working individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. $\underline{\text{ATTACHMENT 4.18-E}}$ specifies the method and standards the State uses for determining the premium.

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:	State	/Territory: _	DELAWARE
<u>Citation</u>		, , _	individuals are covered as medically needy under the plan.
42 CFR 447 through 44		(1)	_
447.51 thre 447.58	ough	(2)	No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:
		(Services to individuals under age 18, or under
		,	<u>/ / Age 19</u>
			/ Age 20
			/ Age 21
			Reasonable categories of individuals who are age 18, but under age 21, to whom charges apply are listed below, if applicable:
Supersedes		Approval Date	Effective Date
TN No.	SP-240	<u> </u>	HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD) OMB No.: 0938-**AUGUST 1991** DELAWARE State/Territory: ____ Citation 4.18 (c)(2) (Continued) 42 CFR 447.51 (ii) Services to pregnant women related to the pregnancy or any other medical condition through 447.58 that may complicate the pregnancy. (iii) All services furnished to pregnant women. Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy. (iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs. (v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4). Family planning services and supplies furnished (vi) to individuals of childbearing age. Services furnished to an individual 1916 of the Act, (vii) P.L. 99-272 receiving hospice care, as defined in

imposed.

section 1905(o) of the Act.

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(Section 9505) 447.51 through

447.58

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(viii)

Services provided by a health maintenance

organization (HMO) to enrolled individuals.

Not applicable. No such charges are

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	State/Territory:	•	DELAWARE
Citation	4.18(c)(3)	nor sin not	less a waiver under 42 CFR 431.55(g) applies, minal deductible, coinsurance, copayment, or milar charges are imposed on services that are excluded from such charges under item (b)(2) ove.
•		ZΖ	Not applicable. No such charges are imposed.
•,	((i)	For any service, no more than one type of charge is imposed.
	((ii)	Charges apply to services furnished to the following age group:
			// 18 or older
	,		∠/ 20 or older
			Reasonable categories of individuals who are 18 years of age, but under 21, to whom charges apply are listed below, if applicable.
	•		

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Citation

4.18(c)(3) (Continued)

447.51 through

(iii) For the medically needy, and other optional groups, <u>ATTACHMENT 4.18-C</u> specifies the:

447.58

- (B) Nature of the charge imposed on each service;
- (C) Amount(s) of and basis for determining the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge(s) and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period.

// Not applicable. There is no maximum.

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